2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2000 8:00 am **DOCUMENT # P22788** 1. Entity Name Secrétary of State RALPH WHITEHEAD ASSOCIATES, INC. 07-20-2000 90024 026 ***550.00 Mailing Address Principal Place of Business 3733 UNIVERSITY BLVD. WEST PO BOX 35624 **CHARLOTTE NC 28235-5624** SUITE 305 JACKSONVILLE FL 32217-2103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-0730953 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition X Change ☐ Delete TITLE TITLE GROBERT H. BAUGHMAN WILLIAMS. RAYMOND NAME 1201 GREENWOOD CLIFF STREET ADDRESS 1201 GREENWOOD CLIFF STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC CITY-ST-7IP CHARLOTTE NC X Addition VPD TITLE PRINCIPAL ☐ Change ☐ Delete TITLE JENKINS, JAMES E NAME GREGORY R. SIGMON NAME STREET ADDRESS 1201 GREENWOOD CLIFF STREET ADDRESS 1201 GREENWOOD CLIFF CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NO CHARLOTTE ._NC. Addition ☐ Change TITLE VD Delete PRINCIPAL NAME COOK, CHARLES J. NAME BRIAN D. DEHLER STREET ADDRESS 1201 GREENWOOD CLIFF STREET ADDRESS 1201 GREENWOOD CLIFF CHARLOTTE, NC CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC PRINCIPAL ▼ Addition TITLE ☐ Delete TITLE KENNETH T. KELLEY BRIGGS, RONALD C. NAME NAME 3733 UNIVERSITY BLVD, W., SUITE 305 STREET ADDRESS 553 SOUTHLAKE BLVD STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Change Addition TITLE SD ☐ Defete TITLE MATTHIS, GENE S., II NAME NAME STREET ADDRESS STREET ADDRESS 1201 GREENWOOD CLIFF CITY-ST-ZIP CITY-ST-7IP CHARLOTTE NC ☐ Addition TITLE ☐ Change TD ☐ Delete TITLE WHITE, WILLIS S., III NAME NAME 3733 UNIVERSITY BLVD STE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. (704) 372-1885

Daytime Phone #

Raymond E. Williams SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-7/12/00